



# IDAHO DEPARTMENT OF HEALTH & WELFARE

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November 17, 2008

Living Independently Forever  
James Moss  
545 N Benjamin Ln Ste 155  
Boise Idaho 83704

Dear James,

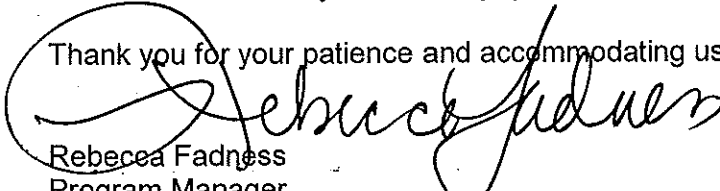
Thank you for submitting your Plan of Correction for Residential Habilitation services dated November 6, 2008. The Department has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Living Independently a full certificate effective November 7, 2008. unless otherwise suspended or revoked.

This certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction and no later than January 7, 2009. You may submit supporting documentation as follows:

Fax to: 208-364-1811  
Email to: fadnessr@dhw.idaho.gov  
Mail to: DDA/RH Survey and Certification  
PO Box 83720  
Boise Idaho 83720  
Or deliver to: 3232 Elder Street

You can reach me if you have any questions at 208-364-1906.

Thank you for your patience and accommodating us through the survey process.

  
Rebecca Fadness  
Program Manager  
DDA/RH Survey and Certification

# Statement of Deficiencies

Residential Habilitation Agency

Living Independently Forever, Inc.

RHA-240

8620 W Emerald St Ste 130

Boise, ID 83704-

(208) 888-0076

Survey Type: Recertification

Entrance Date: 9/29/2008

Exit Date: 10/3/2008

**Initial Comments:**

Survey Team: Rebecca Fadness, Program Supervisor; Greg Miles, Medical Program Specialist.

Observation: Participants #1 and #2 were observed in their apartment setting. Both seemed excited to have visitors. Participant #1 readily revealed her satisfaction with her living arrangement and setting. Staff were observed going over scheduling activities with Participant #1. When asked, Participant #2 also stated her happiness with where she resides. Both Participants were eager to show decorations they had made to their apartment. It was noted that staff did have an area where agency material was displayed and that it was a distraction from the overall 'décor' that had been established by the residents.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.703.01.c	Program Implementation Plan	
703.DD/ISSH WAIVER SERVICES - COVERAGE AND LIMITATIONS. 01. Residential Habilitation. Residential habilitation services which consist of an integrated array of individually-tailored services and supports furnished to eligible participants which are designed to assist them to reside successfully in their own homes, with their families, or alternate family homes. The services and supports that may be furnished consist of the following: (3-19-07) c. Skills training to teach waiver participants, family members, alternative family caregiver(s), or a participant's roommate or neighbor to perform activities with greater independence and	<p>Program Implementation plans were not based consistently on the acquisition of skill. Examples of this include goals to refrain from a particular behavior or to participate/ initiate.</p> <p>Several objectives measured 100% Independence which is no longer directed toward skill acquisition since the skill is already acquired.</p> <p>Instructions were minimal and focused on the prompt hierarchy rather than step by step training instructions for staff toward the acquisition of skill.</p>	<p>1. Program Implementation Plans (PIPs) will be revised to meet IDAPA standards. Program Coordinators will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.</p> <p>2. Changes will be program-wide.</p> <p>3. Program Coordinators will be primarily responsible for ensuring PIPs are revised to meet IDAPA standards.</p> <p>4. Program Coordinators will review PIPs on an ongoing basis to ensure accuracy. Additionally, Program Administrator or designee will review PIPs on an annual basis to ensure skill acquisition and measurable objectives are clearly identified.</p> <p>5. Revision of PIPs will begin immediately and conclude within 90 days, while annual reviews will begin January 1, 2009.</p>

to carry out or reinforce habilitation training. Services are focused on training and are not designed to provide substitute task performance. Skills training is provided to encourage and accelerate development in independent daily living skills, self direction, money management, socialization, mobility and other therapeutic programs. (3-19-07)

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.011.01	Program Implementation Plan	
011.DEFINITIONS -- M THROUGH Z. For the purposes of these rules the following terms are used as defined below: (3-20-04) 01. Measurable Objective. A statement which specifically describes the skill to be acquired or service/support to be provided, includes quantifiable criteria for determining progress towards and attainment of the service, support or skill, and identifies a projected date of attainment. (7-1-95)	Objectives were not measurable.  Objectives included terms such as "refrain from", "appropriate", "inappropriate" thorough, or "complete all steps" with one measurement without clear definition of the terminology to assure measurability.  Objectives were vague and contained multiple components to measure that the data could not measure as written.	1. Program Implementation Plans (PIPs) will be revised to meet IDAPA standards. Program Coordinators will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.  2. Changes will be program-wide.  3. Program Coordinators will be primarily responsible for ensuring PIPs are revised to meet IDAPA standards.  4. Program Coordinators will review PIPs on an ongoing basis to ensure accuracy. Additionally, Program Administrator or designee will review PIPs on an annual basis to ensure measurable objectives are clearly identified.  5. Revision of PIPs will begin immediately and conclude within 90 days, while annual reviews will begin January 1, 2009.

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.g	Participant Records	
400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) g. A list of medications, diet, and all other	3 of 4 participant files did not contain clear documentation of diet.	1. Participant profiles will be revised to meet IDAPA standards.  2. Changes will be program-wide.

treatments prescribed for the participant.  
(3-20-04)

3. Program Coordinators will be primarily responsible for ensuring profiles are revised to meet IDAPA standards.
4. Program Coordinators will review profiles on an ongoing basis to ensure accuracy. Additionally, Program Administrator or designee will review profiles on an annual basis to ensure dietary listings are included.
5. Revision of profiles will begin immediately and conclude within 90 days, while annual reviews will begin January 1, 2009.

**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

**Rule Reference/Text**

16.04.17.402.01.d

**402.PARTICIPANT RIGHTS.**

01. Responsibilities. Each residential habilitation agency must develop and implement a written policy outlining the personal, civil, and human rights of all participants. The policy protects and promotes the rights of each participant and includes the following: (3-20-04)

d. Provide each participant with the opportunity for personal privacy and ensure privacy during provision of services; (3-20-04)

**Category/Findings**

**Participant Rights**

Participant's services were observed in the home. Agency does not assure the participants right to privacy in their own home. The agency has schedules and personal as well as agency information posted in the participant's dining room. There was an evacuation plan and participant rights posted throughout the home. The agency did not promote the participant's natural living environment. It was visibly obvious that agency presence was in the home.

**Plan of Correction (POC)**

1. Agency materials will be kept out of sight in participant residential settings, unless participant(s) request otherwise.
2. Changes will be program-wide.
3. Program Coordinators will be primarily responsible for ensuring agency materials are removed from participant residential settings.
4. Program Coordinators will conduct on-site visits to participant residential settings on an ongoing basis to ensure accuracy. Program Coordinators will take corrective action to ensure participant privacy, if any problems arise.
5. Agency materials will be removed immediately.

**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.405.08.c  405.TREATMENT OF PARTICIPANTS. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: (3-20-04) 08. Use of Restraint on Participants. No restraints, other than physical restraint in an emergency, must be used on participants prior to the use of positive behavior interventions. The following requirements apply to the use of restraint on participants: (3-20-04) c. Physical restraint. (7-1-95)	Treatment of Participants  Sara has a program for Disruptive behavior that includes intervention techniques for staff to "remove Sara from the community situation" and notify Program coordinator. There was no indication of use of positive behavior interventions prior to initiation of restrictive programming.  Additionally, participant had an incident report 7/08 where the participant was " restrained to send him a message that he was not going to get at the other participant" Incident report did not indicate intervention was completed with staff. Restraint appeared to be for the convenience of staff.	1. Any report of physical restraint will be investigated by the Program Coordinator to ensure appropriateness of restraint and possible alternatives in the future. Program Coordinators will be trained on new protocol, and be required to demonstrate awareness and proficiency of new standard. If the Program Coordinator engages in a physical restraint, Program Administrator or designee will conduct follow-up.  2. Changes will be program-wide.  3. Program Coordinators will be primarily responsible for conducting follow-up when physical restraints occur.  4. Program Coordinators will review Incident Reports on an ongoing basis. Additionally, Program Administrator or designee will be notified if physical restraints occur, as well as the nature of Program Coordinator's response.  5. New protocol will be implemented immediately.
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for More Than Minimal Harm		<b>Date to be Corrected:</b> <b>Administrator Initials:</b>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Provider Agreement A-5.1  A-5. Quality Improvement. The Provider is responsible for the development and implementation of a quality assurance program which assures service delivery consistent with applicable rules. Results of individual quality improvement reviews conducted by the Department shall be transmitted to the Provider within forty-five (45) days of a review being completed. If deficiencies have been identified by the review, the Provider shall submit to the Department a corrective action plan for addressing the identified deficiencies. This corrective action plan shall be submitted to the	Program Implementation Plan  4 of 4 participant files contained provider status reviews that indicated a need for revision or discontinuation of programs in which the agency did not address.  For Example: Participant #1's implementation contained over 60% of the programs had objectives that were met at 80-100% Independence and were not discontinued.  Status reviews contained data that showed performance fell below the baseline level (prior to interventions), performance was not	1. Provider Status Reviews (PSRs) will be updated monthly to ensure revisions are made and objectives are modified correctly. Program Coordinators will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.  2. Changes will be program-wide.

Residential Habilitation Agency

Living Independently Forever, Inc.

10/3/2008

Department within forty-five (45) days of receiving the results of a quality assurance review. Upon request, a provider shall also forward to the Department the results of any implemented corrective action plan. At a minimum quality of services shall be evaluated according to the following criteria:

A-5.1 A participant's implementation plan should be modified when there are changes in circumstances, abilities, or a re-assessment to ensure that public funds are expended for appropriate services in the most cost-effective manner.

addressed nor revisions made to implementation plan.

3. Program Coordinators will be primarily responsible for ensuring PSRs are revised to meet IDAPA standards.

4. Program Coordinators will review PSRs on a monthly basis to ensure accuracy. Additionally, Program Administrator or designee will review PSRs on an semi-annual basis to ensure revisions are made and objectives are modified correctly.

5. Revision of PSRs will begin immediately and conclude within 90 days, while semi-annual reviews will begin January 1, 2009.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials: *gm*

Administrator Signature (confirms submission of POC):

Date: *10/10/08*

Team Leader Signature (signifies acceptance of POC):

Date: *11/17/08 gm*

Monday, October 20, 2008

SurveyCnt: 607

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